

<i>SERFF Tracking Number:</i>	<i>MCHX-126171947</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Time Insurance Company</i>	<i>State Tracking Number:</i>	<i>42523</i>
<i>Company Tracking Number:</i>	<i>4131.001.XX</i>		
<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.004 Short Term</i>
<i>Product Name:</i>	<i>135.001.XX Rev 09/2008 TIC Short Term Medical - In</i>		
<i>Project Name/Number:</i>	<i>135.001.XX Rev 09/2008 TIC Short Term Medical - Individual /135.001.XX Rev 09/2008 TIC Short Term Medical - Individual</i>		

Filing at a Glance

Company: Time Insurance Company

Product Name: 135.001.XX Rev 09/2008 TIC Short Term Medical - In
 SERFF Tr Num: MCHX-126171947 State: ArkansasLH

TOI: H16I Individual Health - Major Medical	SERFF Status: Closed	State Tr Num: 42523
Sub-TOI: H16I.004 Short Term	Co Tr Num: 4131.001.XX	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Rosalind Minor
	Author: SPI McHughConsulting	Disposition Date: 06/03/2009
	Date Submitted: 06/01/2009	Disposition Status: Approved-Closed
		Implementation Date:

Implementation Date Requested: 07/01/2009

State Filing Description:

General Information

Project Name: 135.001.XX Rev 09/2008 TIC Short Term Medical - Individual	Status of Filing in Domicile: Not Filed
Project Number: 135.001.XX Rev 09/2008 TIC Short Term Medical - Individual	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 06/03/2009	Explanation for Other Group Market Type:
	State Status Changed: 06/03/2009
Deemer Date:	Corresponding Filing Tracking Number:

Filing Description:

REVISIONS TO PREVIOUSLY APPROVED FORMS

TIME INSURANCE COMPANY - NAIC #69477; FEIN 39-0658730

Policy Amendment Form 4131.001.XX

Benefit Summary Form 135.BNS.AR Rev. 05/2009

SERFF Tracking Number: MCHX-126171947 *State:* Arkansas
Filing Company: Time Insurance Company *State Tracking Number:* 42523
Company Tracking Number: 4131.001.XX
TOI: H161 Individual Health - Major Medical *Sub-TOI:* H161.004 Short Term
Product Name: 135.001.XX Rev 09/2008 TIC Short Term Medical - In
Project Name/Number: 135.001.XX Rev 09/2008 TIC Short Term Medical - Individual /135.001.XX Rev 09/2008 TIC Short Term Medical - Individual

McHugh Consulting Resources, Inc. has been requested to file the above-referenced forms on behalf of Time Insurance Company. We have provided an authorization letter for your files.

Enclosed is the filing of a new Amendment that revises Short Term Medical Policy Form 135.001.AR which was previously approved by your office on 08/01/06. These revisions will be incorporated into new policies issued after the date of your approval. Existing policies that are currently in force will not be changed. The revisions that are being made have been marked for your ease in reference. We are also enclosing revisions to the related Benefit Summary that was previously approved on 02/23/09.

Assurant Health is comprised of Time Insurance Company and John Alden Life Insurance Company. The above-captioned forms will be marketed by Time Insurance Company. We are also submitting Policy Amendment Form 4133.001.XX and related forms to you, under separate cover, which will be marketed by John Alden Life Insurance Company. The forms are identical for each Company. The only differences are to the form numbers and Company names. Because these filings are identical, we respectfully request that the same Analyst review both filings.

All forms are subject to minor modifications in paper size, stock, layout, format, company logo and printing specifications of the document upon issue. The actual wording of each provision will remain the same.

Our state of domicile for Time Insurance Company and John Alden Life Insurance Company is Wisconsin. The state of Wisconsin does not require the filing of forms with their office that are being marketed for out-of-state use.

Upon approval, the amended forms will be used to market short term medical insurance to individuals in your state. Coverage will be offered by independent agents licensed in your state as well as by direct marketing methods.

Thank you in advance for your time and attention to this filing. Should you have any questions, or require additional information, please contact me at any of the numbers listed below.

SERFF Tracking Number: MCHX-126171947 State: Arkansas
Filing Company: Time Insurance Company State Tracking Number: 42523
Company Tracking Number: 4131.001.XX
TOI: H161 Individual Health - Major Medical Sub-TOI: H161.004 Short Term
Product Name: 135.001.XX Rev 09/2008 TIC Short Term Medical - In
Project Name/Number: 135.001.XX Rev 09/2008 TIC Short Term Medical - Individual /135.001.XX Rev 09/2008 TIC Short Term Medical - Individual

Company and Contact

Filing Contact Information

(This filing was made by a third party - McHughConsulting)

Lauren Regnery, Compliance Assistant mcr@mchughconsulting.com
McHugh Consulting Resources (215) 230-7960 [Phone]
Doylestown, PA 18901 (215) 230-7961[FAX]

Filing Company Information

Time Insurance Company CoCode: 69477 State of Domicile: Wisconsin
501 West Michigan Avenue Group Code: 19 Company Type:
Milwaukee, WI 53201-0624 Group Name: State ID Number:
(414) 299-1140 ext. [Phone] FEIN Number: 39-0658730

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Time Insurance Company	\$50.00	06/01/2009	28224539

SERFF Tracking Number: MCHX-126171947 State: Arkansas
Filing Company: Time Insurance Company State Tracking Number: 42523
Company Tracking Number: 4131.001.XX
TOI: H161 Individual Health - Major Medical Sub-TOI: H161.004 Short Term
Product Name: 135.001.XX Rev 09/2008 TIC Short Term Medical - In
Project Name/Number: 135.001.XX Rev 09/2008 TIC Short Term Medical - Individual /135.001.XX Rev 09/2008 TIC Short Term Medical - Individual

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/03/2009	06/03/2009

SERFF Tracking Number: *MCHX-126171947* *State:* *Arkansas*
Filing Company: *Time Insurance Company* *State Tracking Number:* *42523*
Company Tracking Number: *4131.001.XX*
TOI: *H16I Individual Health - Major Medical* *Sub-TOI:* *H16I.004 Short Term*
Product Name: *135.001.XX Rev 09/2008 TIC Short Term Medical - In*
Project Name/Number: *135.001.XX Rev 09/2008 TIC Short Term Medical - Individual /135.001.XX Rev 09/2008 TIC Short Term Medical - Individual*

Disposition

Disposition Date: 06/03/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MCHX-126171947 State: Arkansas
 Filing Company: Time Insurance Company State Tracking Number: 42523
 Company Tracking Number: 4131.001.XX
 TOI: H161 Individual Health - Major Medical Sub-TOI: H161.004 Short Term
 Product Name: 135.001.XX Rev 09/2008 TIC Short Term Medical - In
 Project Name/Number: 135.001.XX Rev 09/2008 TIC Short Term Medical - Individual /135.001.XX Rev 09/2008 TIC Short Term Medical - Individual

Item Type	Item Name	Item Status	Public Access
Supporting Document	06.01.09 Submission Letter	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Authorization letter	Approved-Closed	Yes
Supporting Document	AR Certification of Compliance	Approved-Closed	Yes
Supporting Document	Benefit Summary-Red-lined version	Approved-Closed	Yes
Supporting Document	Forms List	Approved-Closed	Yes
Form	Policy Amendment	Approved-Closed	Yes
Form	Benefit Summary	Approved-Closed	Yes

SERFF Tracking Number: MCHX-126171947 State: Arkansas

Filing Company: Time Insurance Company State Tracking Number: 42523

Company Tracking Number: 4131.001.XX

TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.004 Short Term

Product Name: 135.001.XX Rev 09/2008 TIC Short Term Medical - In

Project Name/Number: 135.001.XX Rev 09/2008 TIC Short Term Medical - Individual /135.001.XX Rev 09/2008 TIC Short Term Medical - Individual

Form Schedule

Lead Form Number: Form 4131.001.XX

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	Form 4131.001.XX	Policy/Cont	Policy Amendment	Initial		52	Form 4131_001_XX.PDF
		al					
		Certificate:					
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					
Approved-Closed	FORM 135.BNS.A	Schedule	Benefit Summary	Initial		0	FORM 135_BNS_AR
	R Rev.	Pages					Rev_
	05/2009						05_2009.PDF

POLICY AMENDMENT

The policy is amended to incorporate the provision as described below. The following provision is subject to all the terms, limits and conditions in the policy, except to the extent specifically modified by this Amendment.

The Authorization Provisions section in the policy is amended to revise the following item in the list of services that require authorization:

- **[Organ Transplant or Marrow Reconstitution or Support:** Call prior to any transplant evaluation, testing, preparative treatment or donor search.]

The policy is changed only as stated in this Amendment. Nothing contained in this Amendment will be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the policy other than as stated above.

The Effective Date of this Amendment is the Effective Date of the policy.



Secretary

TIME INSURANCE COMPANY

[501 West Michigan
Milwaukee, WI 53203]

BENEFIT SUMMARY

Short Term Major Medical Expense Coverage
Policy or Certificate Number: [1234567]
Effective Date: [09/01/2008]
Form Number: [145.001.XX]
Payment Option: [Monthly]

[Agent Data
Agency Number: [12345678 9 99 99]
Agent Name: [Mike Smith
123 North Street
Milwaukee, WI 53215]]

Type of Plan: [Single Plan – If You have a single Plan on the
Effective Date of coverage, a Covered Dependent cannot be
added after Your Effective Date][Family Plan]

INSURED INFORMATION

Primary Insured	Birthdate	Age	Sex	
[John Doe	[06/12/1962]	[41]	[M]	[Effective Date: [09/01/2008]]
123 South 10th Street				
[Milwaukee, WI 53215]				

[Additional Insured(s):				
[Jane Doe]	[07/10/1962]	[41]	[F]	[Effective Date: [09/01/2008]]

[William Doe]	[10/28/1995]	[7]	[M]	[Effective Date: [09/01/2008]]
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BENEFITS

[Waiting Period:]	[3 days from Effective Date for Sickness] [and [[30] days from Effective Date for] preventive medicine services]
Lifetime Maximum Benefit:	[\$2,000,000]
[Individual Deductible [Per Benefit Period]:	[\$250] for each Insured]
[Family Deductible [Per Benefit Period]:	[\$750] for each Family]
[Per Cause Deductible:	[\$100] for each Occurrence]
[Coinsurance:]	[80% of \$10,000]
[Individual Out-of-Pocket Limit:	[\$2,000]]
[Family Out-of-Pocket Limit:	[\$5,000]]
[Per Cause Limit:	[\$100,000]]
[Copayment:	[[[\$0-150] per Emergency room visit in a Hospital – waived if admitted for inpatient stay] [[[\$0-\$500] per outpatient surgery] [[[\$0- \$500] per Hospital stay]] [up to Lifetime Maximum Benefit] [[[\$2,000-\$10,000] [up to Lifetime Maximum Benefit]]
Inpatient Hospital Services:	[up to Lifetime Maximum Benefit]
Outpatient Hospital Services:	[up to Lifetime Maximum Benefit]
Health Care Practitioner Services:	[up to Lifetime Maximum Benefit]
• Surgical:	[up to Lifetime Maximum Benefit]
• Anesthesia:	[up to Lifetime Maximum Benefit]
• Per Office Visit:	[up to Lifetime Maximum Benefit]
Reconstructive Surgery:	[up to Lifetime Maximum Benefit]
Inpatient Rehabilitation Programs:	[up to 30 days per Benefit Period]
Skilled Nursing Facility Care:	[up to 30 days per Benefit Period]
Home Health Care:	[up to 40 visits per Benefit Period]
Outpatient Physical Medicine Services:	[up to 10 visits per Benefit Period]
Ambulance Services:	[up to Lifetime Maximum Benefit]
X-ray and Laboratory Services:	[up to Lifetime Maximum Benefit]
[Preventive Medicine Services:]	[up to \$[100] per Benefit Period for each [Insured] [Covered Dependent child age [10 days] through age [18]] [for charges that are not shown as a Covered Expense

elsewhere in the plan]]

- [[Immunizations] [for] [Covered Dependent children] [age [10 days] through age [18]] [Insureds] [as recommended by the Advisory Committee on Immunization Practices]
- [Routine well child care services] [for Covered Dependent children] [age [10 days] through age [18]] [as recommended by the United States Preventative Services Task Force]
- [Routine well adult care services] [as recommended by the United States Preventative Services Task Force]
- [Pap smears with chlamydia screening]
- [Mammography screening]
- [Stool for occult blood testing]
- [Prostate specific antigen screening]
- [Fasting glucose testing]
- [Lipid profile testing]
- [Urinalysis testing]
- [Complete blood count (or component parts) testing]
- [Tuberculin skin testing with purified protein derivative]
- [Flexible sigmoidoscopy and barium enema [or colonoscopy]
- [Other routine well services] [as described below]]

[Prescription Drug Deductible]	\$100 per Benefit Period]
[Prescription Drug Copayment]	\$10 for each prescription drug ordered or refilled]
[Prescription Drug Maximum Benefit]	\$1,000 per Benefit Period]
[Reasonable and Customary Amount Determination]	Medicare DRG]

PREMIUM SUMMARY

[Initial Benefit Period/Benefit Period]:	[35 Days]
[Initial Premium/Premium]:	[\$70.56]
[Initial Benefit Period Term Date/ Benefit Period Term Date 11:59 PM]:	[10/06/2008]
[Installment Premium/Subsequent Payments:]	[\$60.48] Installment/Subsequent payments due monthly
[Maximum Benefit Period (185 Days)]:	[03/05/2009]

[OPTIONAL RIDER(S)]

Form	Description	Coverage	Premium
[Rider 8100.XX	Travel Benefit	Included	\$50.00]
[Rider 8101.XX	Accident Medical Expense	[\$250] per Accident	\$60.00]
[Rider 8102.XX	Term Life Insurance	[\$10,000] for Primary Insured	\$30.00]
		[\$5,000] for Spouse	\$15.00]
[Rider 8103.XX	Waiver of Pre-Existing Conditions	Included	\$30.00]
[Rider 8131.AR	Optional Benefits for AR Residents	Included	\$xx.xx]]

<i>SERFF Tracking Number:</i>	<i>MCHX-126171947</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Time Insurance Company</i>	<i>State Tracking Number:</i>	<i>42523</i>
<i>Company Tracking Number:</i>	<i>4131.001.XX</i>		
<i>TOI:</i>	<i>H161 Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H161.004 Short Term</i>
<i>Product Name:</i>	<i>135.001.XX Rev 09/2008 TIC Short Term Medical - In</i>		
<i>Project Name/Number:</i>	<i>135.001.XX Rev 09/2008 TIC Short Term Medical - Individual /135.001.XX Rev 09/2008 TIC Short Term Medical - Individual</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	MCHX-126171947	State:	Arkansas
Filing Company:	Time Insurance Company	State Tracking Number:	42523
Company Tracking Number:	4131.001.XX		
TOI:	H16I Individual Health - Major Medical	Sub-TOI:	H16I.004 Short Term
Product Name:	135.001.XX Rev 09/2008 TIC Short Term Medical - In		
Project Name/Number:	135.001.XX Rev 09/2008 TIC Short Term Medical - Individual /135.001.XX Rev 09/2008 TIC Short Term Medical - Individual		

Supporting Document Schedules

Satisfied -Name:	06.01.09 Submission Letter	Review Status:	Approved-Closed	06/03/2009
Comments:				
Attachment:				
	06_01_09 Submission Letter.PDF			

Satisfied -Name:	Flesch Certification	Review Status:	Approved-Closed	06/03/2009
Comments:				
Attachment:				
	Readability Certification.PDF			

Bypassed -Name:	Application	Review Status:	Approved-Closed	06/03/2009
Bypass Reason:	N/A			
Comments:				

Bypassed -Name:	Health - Actuarial Justification	Review Status:	Approved-Closed	06/03/2009
Bypass Reason:	N/A			
Comments:				

Bypassed -Name:	Outline of Coverage	Review Status:	Approved-Closed	06/03/2009
Bypass Reason:	N/A			
Comments:				

Satisfied -Name:	Authorization letter	Review Status:	Approved-Closed	06/03/2009
Comments:				
Attachment:				
	Authorization letter.PDF			

SERFF Tracking Number: MCHX-126171947 State: Arkansas
Filing Company: Time Insurance Company State Tracking Number: 42523
Company Tracking Number: 4131.001.XX
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.004 Short Term
Product Name: 135.001.XX Rev 09/2008 TIC Short Term Medical - In
Project Name/Number: 135.001.XX Rev 09/2008 TIC Short Term Medical - Individual /135.001.XX Rev 09/2008 TIC Short Term Medical - Individual

Review Status:
Satisfied -Name: AR Certification of Compliance Approved-Closed 06/03/2009
Comments:
Attachment:
AR Certification of Compliance.PDF

Review Status:
Satisfied -Name: Benefit Summary-Red-lined version Approved-Closed 06/03/2009
Comments:
Attachment:
Benefit Summary-Red-lined version.PDF

Review Status:
Satisfied -Name: Forms List Approved-Closed 06/03/2009
Comments:
Attachment:
Forms List.PDF

McHugh Consulting Resources, Inc.

Julie Benafield Bowman
Insurance Commissioner
Arkansas Department of Insurance
Compliance - Life and Health
1200 West Third Street
Little Rock, AR 72201-1904

Sent via SERFF

Re: **REVISIONS TO PREVIOUSLY APPROVED FORMS**
TIME INSURANCE COMPANY - NAIC #69477; FEIN 39-0658730
Policy Amendment Form 4131.001.XX
Benefit Summary Form 135.BNS.AR Rev. 05/2009

Dear Commissioner Bowman:

McHugh Consulting Resources, Inc. has been requested to file the above-referenced forms on behalf of Time Insurance Company. We have provided an authorization letter for your files.

Enclosed is the filing of a new Amendment that revises Short Term Medical Policy Form 135.001.AR which was previously approved by your office on 08/01/06. These revisions will be incorporated into new policies issued after the date of your approval. Existing policies that are currently in force will not be changed. The revisions that are being made have been marked for your ease in reference. We are also enclosing revisions to the related Benefit Summary that was previously approved on 02/23/09.

Assurant Health is comprised of Time Insurance Company and John Alden Life Insurance Company. The above-captioned forms will be marketed by Time Insurance Company. We are also submitting Policy Amendment Form 4133.001.XX and related forms to you, under separate cover, which will be marketed by John Alden Life Insurance Company. The forms are identical for each Company. The only differences are to the form numbers and Company names. Because these filings are identical, we respectfully request that the same Analyst review both filings.

All forms are subject to minor modifications in paper size, stock, layout, format, company logo and printing specifications of the document upon issue. The actual wording of each provision will remain the same.

Our state of domicile for Time Insurance Company and John Alden Life Insurance Company is Wisconsin. The state of Wisconsin does not require the filing of forms with their office that are being marketed for out-of-state use.

Upon approval, the amended forms will be used to market short term medical insurance to individuals in your state. Coverage will be offered by independent agents licensed in your state as well as by direct marketing methods.

Thank you in advance for your time and attention to this filing. Should you have any questions, or require additional information, please contact me at any of the numbers listed below.

Sincerely,

A handwritten signature in black ink, reading "Betty Dabrowski". The signature is written in a cursive style with a large, looped "B" and a trailing flourish.


Betty Dabrowski
Consultant
Phone # (215) 230-7960

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Time Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
Form 4131.001.XX	51.8

Signed: 
Name: Julia Hix-Royer
Title: Vice President, Product Compliance
Date: 06.01.09



ASSURANT
Health

501 West Michigan
P.O. Box 3050
Milwaukee, WI 53201-3050
T 800.800.1212

www.assurant.com

January 2009

Re: John Alden Life Insurance Company - NAIC 65080-285; FEIN 41-999752
Time Insurance Company-NAIC 69477; FEIN 39-0658730

Dear Sir or Madam,

This letter acts as authorization for McHugh Consulting Resources and its representative analysts to file any or all policy forms as referenced on the attached form listing on behalf of the above referenced companies and to serve as the primary contact on behalf of the company regarding such filings while under review. Please contact McHugh Consulting Resources with questions or comments regarding the enclosed filing.

Best Regards,

Julia Hix-Royer
Vice President, Product Compliance
Assurant Health

Assurant Health markets products underwritten by Time Insurance Company, Union Security Insurance Company and John Alden Life Insurance Company.

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Time Insurance Company

Form Number(s): Policy Amendment Form 4131.001.XX
 Benefit Summary Form 135.BNS.AR Rev. 05/2009

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Julia Hix-Royer

Name

Vice President, Product Compliance

Title

06.01.09

Date

TIME INSURANCE COMPANY

[501 West Michigan
Milwaukee, WI 53203]

BENEFIT SUMMARY

Short Term Major Medical Expense Coverage
Policy or Certificate Number: [1234567]
Effective Date: [09/01/2008]
Form Number: [145.001.XX]
Payment Option: [Monthly]

[Agent Data
Agency Number: [12345678 9 99 99]
Agent Name: [Mike Smith
123 North Street
Milwaukee, WI 53215]]

Type of Plan: [Single Plan – If You have a single Plan on the
Effective Date of coverage, a Covered Dependent cannot be
added after Your Effective Date][Family Plan]

INSURED INFORMATION

Primary Insured	Birthdate	Age	Sex	
[John Doe 123 South 10th Street [Milwaukee, WI 53215]	[06/12/1962]	[41]	[M]	[Effective Date: [09/01/2008]]
[Additional Insured(s): [Jane Doe]	[07/10/1962]	[41]	[F]	[Effective Date: [09/01/2008]]
[William Doe]	[10/28/1995]	[7]	[M]	[Effective Date: [09/01/2008]]

BENEFITS

[Waiting Period:]	[3 days from Effective Date for Sickness] [and [[30] days from Effective Date for] preventive medicine services]
Lifetime Maximum Benefit:	[\$2,000,000]
[Individual Deductible [Per Benefit Period]:	[\$250] for each Insured]
[Family Deductible [Per Benefit Period]:	[\$750] for each Family]
[Per Cause Deductible:	[\$100] for each Occurrence]
[Coinsurance:]	[80% of \$10,000]
[Individual Out-of-Pocket Limit:	[\$2,000]
[Family Out-of-Pocket Limit:	[\$5,000]
[Per Cause Limit:	[\$100,000]
[Copayment:	[[\$0-150] per Emergency room visit in a Hospital – waived if admitted for inpatient stay] [[\$0-\$500] per outpatient surgery] [[\$0-\$500] per Hospital stay]
Inpatient Hospital Services:	[up to Lifetime Maximum Benefit]
Outpatient Hospital Services:	[[\$2,000-\$10,000] [up to Lifetime Maximum Benefit]]
Health Care Practitioner Services:	
• Surgical:	[up to Lifetime Maximum Benefit]
• Anesthesia:	[up to Lifetime Maximum Benefit]
• Per Office Visit:	[up to Lifetime Maximum Benefit]
Reconstructive Surgery:	[up to Lifetime Maximum Benefit]
Inpatient Rehabilitation Programs:	[up to 30 days per Benefit Period]
Skilled Nursing Facility Care:	[up to 30 days per Benefit Period]
Home Health Care:	[up to 40 visits per Benefit Period]
Outpatient Physical Medicine Services:	[up to 10 visits per Benefit Period]
Ambulance Services:	[up to Lifetime Maximum Benefit]
X-ray and Laboratory Services:	[up to Lifetime Maximum Benefit]
[Preventive Medicine Services:]	[up to \$[100] per Benefit Period for each [Insured] [Covered Dependent child age [10 days] through age [18]] [for

Deleted: 9

Deleted: 8

charges that are not shown as a Covered Expense elsewhere in the plan]]

- [[Immunizations] [for] [Covered Dependent children] [age [10 days] through age [18]] [Insureds] [as recommended by the Advisory Committee on Immunization Practices]
- [Routine well child care services] [for Covered Dependent children] [age [10 days] through age [18]] [as recommended by the United States Preventative Services Task Force]
- [Routine well adult care services] [as recommended by the United States Preventative Services Task Force]
- [Pap smears with chlamydia screening]
- [Mammography screening]
- [Stool for occult blood testing]
- [Prostate specific antigen screening]
- [Fasting glucose testing]
- [Lipid profile testing]
- [Urinalysis testing]
- [Complete blood count (or component parts) testing]
- [Tuberculin skin testing with purified protein derivative]
- [Flexible sigmoidoscopy and barium enema [or colonoscopy]
- [Other routine well services] [as described below]]

[Prescription Drug Deductible]	\$100 per Benefit Period]
[Prescription Drug Copayment]	\$10 for each prescription drug ordered or refilled]
[Prescription Drug Maximum Benefit]	\$1,000 per Benefit Period]
[Reasonable and Customary Amount Determination]	Medicare DRG]

PREMIUM SUMMARY

[Initial Benefit Period/Benefit Period]:	[35 Days]
[Initial Premium/Premium]:	[\$70.56]
[Initial Benefit Period Term Date/ Benefit Period Term Date 11:59 PM]:	[10/06/2008]
[Installment Premium/Subsequent Payments:]	[\$60.48] Installment/Subsequent payments due monthly
[Maximum Benefit Period (185 Days)]:	[03/05/2009]

[OPTIONAL RIDER(S)]

Form	Description	Coverage	Premium
[Rider 8100.XX	Travel Benefit	Included	\$50.00]
[Rider 8101.XX	Accident Medical Expense	[\$250] per Accident	\$60.00]
[Rider 8102.XX	Term Life Insurance	[\$10,000] for Primary Insured	\$30.00]
		[[[\$5,000] for Spouse	\$15.00]
[Rider 8103.XX	Waiver of Pre-Existing Conditions	Included	\$30.00]
[Rider 8131.AR	Optional Benefits for AR Residents	Included	\$xx.xx]]

Deleted: 9

Deleted: 8

SHORT TERM MEDICAL INSURANCE FORMS LISTING

Time Insurance Company

FORM NUMBER FOR APPROVAL	FORM TITLE AND/OR DESCRIPTION
Form 4131.001.XX	Policy Amendment Form
FORM 135.BNS.AR Rev. 05/2009	Benefit Summary